

ENFIELD CHILD DEVELOPMENT CENTER

110 High Street/132 South Road

Enfield CT 06082

Phone: 860-253-5212/860-763-7003

Fee Information: 860-763-7089

INFANT / TODDLER APPLICATION



Child's Name _____

For Office Use Only

Application Received	_____	Pay Stubs (4 weeks)	_____	Contract Signed	_____
		Child Support	_____	Infant Forms	_____
		Social Security (Parent)	_____		
Date of Entry	_____	Walk Permission	_____	Fee Letter	_____
Class	_____	Photo Permission	_____	Food Form	_____
Home Visit	_____	Emergency Release	_____	Bullying Info	_____
Emergency Contacts	_____	Medical Records	_____	EZ Care	_____
		Physical Date	_____	Red Book	_____
Birth Certificate	_____	Health Insurance Info	_____	Lisa	_____
Official School Schedule	_____	Registration Fee \$50.00	_____	Class Book	_____
		Due upon entry		Travel Book	_____
Comments	_____				

APPLICATION FOR:

Infant _____ **Toddler** _____ **Date care needed** _____

Child's Name _____
Last First Middle Nickname

Child's Sex _____ male _____ female

Child's Date of Birth _____ Child's Place of Birth _____

Child's Physician _____ Physician's Phone Number _____

Health Insurance held on child: _____ Through an
Insurance Identification Number _____ employer _____ Public(Husky) _____ None _____

Mother's Name _____ Father's Name _____

Mother's Date of Birth _____ Father's Date of Birth _____

Home Address _____ Home Address _____

Phone Number _____ Phone Number _____

Cell Phone _____ Cell Phone _____

Mother's Work or School Name _____ Father's Work or School Name _____

Mother's Work or School Address _____ Father's Work or School Address _____

Mother's Work or School Phone _____ Father's Work or School Phone _____

Position _____ Position _____

Mother's Work or School Hours _____ Father's Work or School Hours _____

Mother's Work or School Days _____ Father's Work or School Days _____

Mother's Weekly Gross Income _____ Father's Weekly Gross Income _____

Mother's home/work e-mail address: _____ Father's home/work e-mail address: _____

Phone to call while child in day care: _____ **Phone to call while child in day care:** _____

Do you presently have an active Care 4 Kids certificate? _____ Yes _____ No

RESPONSIBLE PERSONS (**OTHER THAN PARENTS**) WHO MAY BE CALLED IN AN EMERGENCY SITUATION: (**You must list at least two**) (Must have signed emergency contact forms submitted)

1. _____
Name Relationship to Child Number to call if Emergency
2. _____
Name Relationship to Child Number to call if Emergency

PERSONS AUTHORIZED BY YOU TO PICK UP YOUR CHILD (**MUST HAVE TWO**):

1. _____
2. _____

Marital Status: Married ___ Separated ___ Divorced ___ Re-married ___ Single ___ Widowed ___

If parents are not together (living in the same household), does the absent parent have authorization to pick up the child? _____ To be called in case of an emergency or illness? _____ Does the child see the absent parent? _____
How often? _____

Legal documentation must be provided regarding custody issues. If parent is on the birth certificate and not authorized to pick up, we will need court documentation to support this; otherwise legally both parents will be authorized to pick up.

What is place of this child in the family? Only ___ Oldest ___ Youngest ___ 2nd ___ 3rd ___ Other ___

All persons living in the home:

- | | <u>Name</u> | <u>Birth date</u> | <u>Relationship to child</u> |
|----|-------------|-------------------|------------------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |

Who cares for the child now? _____

Why are services needed? _____

Who referred you to Enfield Day Care? _____

Other agencies which the family has used:

VNA _____ Neighborhood Center _____ WIC _____ Welfare Assistance _____ Mental Health Clinic _____

Day Care _____ DCF _____ Youth Services _____ Other _____

HEALTH AND DEVELOPMENTAL HISTORY

How do you feel about placing your child with us? _____

Is any other language besides English spoken in the home? Yes No

If yes – Which Ones _____

Are parents in good health? _____

Have either you or your doctor noted that your child has had:

_____ high fever	_____ eczema	_____ constipation	_____ asthma	_____ earaches
_____ hives	_____ seizures	_____ rashes	_____ toothaches	
_____ wheezing	_____ speech problems	_____ nose bleeds	_____ vomiting	
_____ difficulty seeing	_____ difficulty hearing	_____ diarrhea	_____ frequent colds	

If “YES” is answered to any of the above, please explain **how often** it occurs, **cause**, and **treatment** given.

Please list all allergies including food, medication, insect bites, or stings. *Documentation from your child’s physician must be provided.* _____

Has your child had any of the following illnesses?

_____ chicken pox	_____ “red” or “hard” measles	_____ strep throat
_____ “German” or “hard” measles	_____ impetigo	_____ mumps
_____ pin worms	_____ meningitis	
_____ other medical problems?		

Please explain: _____

Please list any medication given regularly with an explanation of its use: _____

Has your child ever:

_____ had broken bones	_____ been hospitalized	_____ ingested a poisonous substance
_____ had burns	_____ had surgery	_____ had cuts requiring a doctor
_____ other accidents		

Please explain if you answered “YES” to any of the above _____

Describe any problems during pregnancy and birth: _____

Describe any problems during infancy: _____

Are there any special goals you have for your child this year? _____

History of colic? _____ Is baby's skin highly sensitive? _____

Frequent diaper rash? _____

Do you use: Ointment? _____ Powder? _____ Lotion? _____ Other? _____

(Must have topical ointment form filled out prior to use)

Describe child's typical daily schedule: _____

Length of time this schedule has been in use _____

Have records of feeding been kept? _____ Any special feeding problems? _____

Does your child eat unassisted? _____ Does he/she enjoy eating? _____

Child's food preferences _____

Dislikes _____

How has child been fed? Held in lap _____ Highchair _____ Other _____

Are bowel movements regular? _____ How many per day? _____ What time? _____

How frequently do accidents occur? _____

Has toilet training been attempted? _____ What is used at home? _____

Potty-chair? _____ Special toilet seat _____ Regular toilet seat? _____

Does child use a pacifier or suck thumb? _____ Does child pull to a self-standing position? _____

Crawl? _____ Walk with support? _____

Does child have a "fussy" time? _____ When? _____

How is it handled? _____

Does your child use one-word phrases? _____ Two-word phrases? _____

List any words or sounds used for familiar objects or needs _____

SLEEPING

What time does child go to bed? _____ Awaken _____

When is he/she ready for sleep? _____ Does he/she have own room? _____

Own bed? _____ Does he/she walk, talk, or cry at night? _____

What does he/she take to bed with him/her? _____

What is his/her mood on awakening? _____

Does he/she take naps? _____ From when _____ To when _____

SOCIAL RELATIONSHIPS

Has your child had experience playing with other children? _____

By nature is he/she friendly? _____ Shy? _____ Withdrawn? _____

Aggressive _____ If so, please describe _____

How does he/she get along with brothers and sisters? _____

Other adults? _____

With which age group does your child prefer to play? _____

Is he/she known by any children in the Enfield Day Care Center? _____

Does he/she appear to enjoy being alone? _____

How does he/she relate to strangers? _____

Does he/she demand a lot of adult attention? _____

What makes him/her upset? _____

How does he/she show feelings? _____

What methods do you use when he/she behaves in a way that you do not approve of? _____

Who does most of the disciplining? _____

What frightens your child? _____

Animals? _____ People? _____ Rough children? _____ Loud noises? _____

Darkness? _____ Storms? _____ Anything else? _____

Favorite toys and activities at home _____

Does he/she like to be read to? _____ Listen to music? _____

In what particular ways can we help your child this year? _____

Program staff use a variety of formal and informal ways (including conversations) to become acquainted with and learn from families about their family structure; their preferred child-rearing practices; and any information families wish to share about their socioeconomic, linguistic, ethnic, religious, and cultural backgrounds.

Are there any special values or family traditions that you practice at home that you would like to let us be aware of?

What time (day, evening, lunch hour) will you be able to attend parent and teacher conferences? _____

Is there any other information about your child which you would like to include?

List any daycare or home daycare which your child has attended:

NAME	LOCATION	REASON FOR LEAVING
------	----------	--------------------

_____	_____	_____
-------	-------	-------

_____	_____	_____
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If there are special medical/psychological findings, please sign the authorization release so that we can obtain the information

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Confidentiality Policy

Confidentiality of information about the child and family will be maintained. Enrollment forms and all other information concerning the child and family, compiled by Enfield Child Development Center, will be accessible to the parent or legal guardian. The following persons will also have access to the file; administrators of the center, center secretary, child's current classroom teachers, nurse consultant, Department of Public Health (Licensing Agent), and the National Association for the Education of Young Children (NAEYC). Information concerning your child will not be made available to anyone, by any means, without the expressed written consent of the parent or legal guardian. All files are locked in the secretary's office and accessible through authorization only.

Please use the space below or the back of this paper if there is any other information about your child which you would like to include:

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110 High Street/132 South Road

Enfield CT 06082

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Fax: 860-253-5393/860-763-7089

**Authorization for Release of Requested Information
For collaboration between agencies**

I hereby authorize and request – Please check those that apply:

	Name of Agency	Telephone Number
_____ Academic	_____	_____
_____ Medical	_____	_____
_____ Social	_____	_____
_____ Psychological	_____	_____
_____ Other	_____	_____

If you checked any of the above, please provide the appropriate agency name and telephone number.

Child's Name: _____

Date of Birth: _____

To: **Enfield Child Development Center**

These reports should be sent to:

Enfield Child Development Center

110 High Street/132 South Road

Enfield CT 06082

Fax number: 860- 253-5393/860-763-2960

Phone number: 860- 253-5212/860-763-7003

Signed: _____

Relationship: _____

Date: _____

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PERMISSION FORM

Child's Name _____ Date of Birth _____

Name of Parent/Guardian _____

Address _____

Telephone Numbers: Home _____ Work _____

Cell _____

WALK PERMISSION

I hereby grant permission for my child to participate in all the routine activities of the *Enfield Child Development Center*. These activities may include indoor and outdoor play, special field trips that are within walking distance, etc.

***Please note any exceptions** _____

Signature of Parent/Guardian

PHOTOGRAPH PERMISSION

I hereby do ____ do NOT ____ allow the *Enfield Child Development Center* to use and/or reproduce photographs taken of my child and/or to circulate same for publicity purposes, including but not limited to classrooms, newspapers, television, etc.

***Please note any exceptions** _____

Signature of Parent/Guardian

EMERGENCY PERMISSION

In case of emergency, when or if I cannot be reached, I hereby authorize the *Enfield Child Development Center* to take my child to a hospital, and I also authorize treatment by the doctor on call or to the Ambulatory Care Center in Enfield and any emergency personnel to provide the necessary treatment. I also agree that I will be responsible for the cost of the said medical care.

***Please note any exceptions** _____

Signature of Parent/Guardian

Date

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EMERGENCY CONTACT VERIFICATION

Dear _____,

Your name has been submitted as an emergency contact person for (Child's Name) _____. When parents cannot be reached, you will be called on to accept parental responsibility in an emergency situation.

Please sign your name below if you are willing to accept and are available to serve in this capacity.

PRINTED NAME: _____

SIGNATURE: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

PHONE NUMBER TO CALL IF EMERGENCY: _____

This form must be signed by the emergency contact

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